



VOLUNTEER REGISTRATION FORM



(Please print)

NAME: (first, middle, last)		E-MAIL:	
MAILING ADDRESS:	CITY	STATE	ZIP
HOME PHONE #:			

EMERGENCY CONTACT:	DAY PHONE:
ADDRESS:	EVENING PHONE:

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work/activities without pay under the direction and control of a State authorized official.

Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program. Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place, Risk Management provides a volunteer accident medical and accidental death & dismemberment excess program. Claim forms can be obtained from the Risk Management web site at "www.azrisk.state.az.us". The accident medical and accidental death & dismemberment insurance does not apply to volunteers under age 18 unless a parent or guardian accompanies them while volunteering.

If I use my private motor vehicle in the course of my volunteer duties, I understand it is my obligation to obtain vehicle insurance to cover any accidents involving my vehicle.

I HAVE CAREFULLY READ THE ABOVE INFORMATION AND HAVE RECEIVED A COPY OF THE ARIZONA GAME AND FISH DEPARTMENT VOLUNTEER POLICY, SECTION N1.1, AND UNDERSTAND ITS CONTENTS. THE ABOVE INFORMATION PROVIDED BY ME IS ACCURATE.

VOLUNTEER'S SIGNATURE _____ **DATE** _____

SIGNATURE OF PARENT OR GUARDIAN, IF VOLUNTEER IS UNDER 18 _____ **DATE** _____

SUPERVISOR'S NAME (PRINT) _____ **SUPERVISOR'S SIGNATURE** _____ **DATE** _____

If the Volunteer will be driving a State vehicle, this section should be completed.

Volunteer's Date of Birth	Arizona Driver's License #	Is License Valid? Yes No
Supervisor's Name	Supervisor's Telephone #	Supervisor's E-mail

INFORMATION RELEASE AUTHORIZATION: I understand that I may drive a state vehicle while performing my volunteer duties provided I possess a valid Arizona driver's license with no applicable restrictions and a Department supervisor has requested and authorized this use. I also understand that my Motor Vehicle Record (MVR) will be checked. I further understand that The Driver Protection Privacy Act of 1994, amended 9/97, prohibits the release of my MVR data for other than bona fide driver selection and supervision activities, as required by Arizona Administrative Code R2-10-207 12. I understand that the State of Arizona will cover the state owned vehicle and any third-party liability to the extent of the law. I hereby authorize periodic reviews, as noted above, of my MVR, for the limited purposes noted above.

VOLUNTEER'S SIGNATURE _____ **DATE** _____

SUPERVISOR'S SIGNATURE _____ **DATE** _____

Forward completed form to the Volunteer Coordinator, DOPR.